

For official use only: Customer Name	Customer No.
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PD F 1646 E
Department of the Treasury
Bureau of the Public Debt
(Revised May 2003)

**DISPOSITION OF UNITED STATES REGISTERED
SECURITIES AND RELATED CHECKS
FOR NONADMINISTERED ESTATE**

OMB No. 1535-0058

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

I/We, the undersigned, certify that no legal representative has been appointed for the estate described, by any court, and that no application for such appointment is pending.

1. ESTATE INFORMATION (Attach a certified copy of the death certificate.)

Decedent's Name:	_____
State of Legal Residence:	_____
Value of Personal Estate:	_____
Did the Decedent leave a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach the original or a true copy of the will.</i>

2. EXPENSES AND DEBTS (List the persons who rendered services during the last illness or death of the decedent.)

Provider of Service	Nature of Service	Total Bill	Amount Paid	Source of Funds

3. INTEREST IN ESTATE (List the persons who have any interest in the personal estate of the decedent.)

Name	Age (if under 21)	Relationship/Interest	Address

The persons listed above who are under legal disability are:

Name	Nature of Disability	Name & Address of Legal Representative	Capacity

4. DISPOSITION OF SECURITIES AND PAYMENTS *Distribute securities and payments as follows:*

Amount	Description of Securities	Person Entitled	Taxpayer Identification No.

5. AUTHORIZATION AND SIGNATURES *You must wait until you're in the presence of a certifying officer to sign this form.*
I/We certify, under penalty of perjury, that the statements and information provided on this form are true, correct, and complete to the best of my/our knowledge and belief.

Signature	Daytime Telephone No.	Signature	Daytime Telephone No.
Signature	Daytime Telephone No.	Signature	Daytime Telephone No.
Signature	Daytime Telephone No.	Signature	Daytime Telephone No.

Applicant to contact if additional information is necessary: _____
(Name and Daytime Telephone No.)

6. CERTIFICATION

➤ *The individuals must sign in your presence and you must complete the certification and affix your stamp or seal.*
➤ *Brokers must use a Medallion Stamp (original signature is required).*
➤ *Certification by a notary public is NOT acceptable.*
➤ *Certification cannot be detached from the disposition request.*

I CERTIFY that _____, whose identity (or the identity of each of whom) is
(Name(s) of Person(s) who Appeared)

known or was proven to me, personally appeared before me this _____ day of _____, _____,
(Month) (Year)
at _____, and signed this form.
(City) (State)

(Signature and Title of Certifying Officer)

(Name of Financial Institution)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

(Notary Certification is NOT Acceptable)

(Telephone Number)

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "WHERE TO SEND" in the Instructions.**

**INSTRUCTIONS FOR DISPOSITION OF UNITED STATES
REGISTERED SECURITIES AND RELATED CHECKS
FOR NONADMINISTERED ESTATE**

PURPOSE

- Use this form to apply for disposition of any United States registered securities (except savings bonds, Retirement Plan Bonds, or Individual Retirement Bonds) and payments representing principal and/or interest on securities held in a decedent's estate which is **NOT** being administered.
- Do not use this form if a legal representative has been or is to be appointed.
- If more space is needed for any item, attach a separate sheet to the form. Be sure to sign any attachments.

WHO MAY APPLY

Applicants will consist of all living competent persons who are entitled to share in the estate under the laws of the decedent's domicile, and any unpaid creditors who have not furnished their consent. If any entitled person survived the decedent and has since died, the legal representative of the survivor's estate must be listed as an applicant. If no such representative was appointed, a separate application on PD F 1646 for that estate will be necessary. If any entitled person is under legal disability and a representative for the estate has been appointed, such representative must be listed as an applicant. A legal representative must furnish a court certificate under seal as proof of authority.

IMPORTANT NOTICES

- Only original signatures and forms will be accepted (stamped signatures are not acceptable).
- Unless all the required information is provided legibly, there may be a delay in processing your request. To avoid delays, read the instructions carefully and **print clearly in ink only**. Where spaces are provided, enter one number in each space. **THIS FORM WILL NOT BE ACCEPTED WITH ALTERATIONS OR CORRECTIONS.**

1. ESTATE INFORMATION

Provide the decedent's name, state of legal residence, and the gross value of the decedent's personal estate. If the decedent, at the time of death, was married and lived in a state having community property laws, include the gross value of all personal property owned by the decedent, and the value of the decedent's share of the community property. Do not include insurance which does not become part of the decedent's estate upon death, or property held by the decedent with another in such manner that the survivor became the actual owner upon the death of the decedent.

Also indicate whether the decedent left a will. If the decedent left a will, it must be submitted, whether or not it was probated. If the original will is not furnished, you may submit a certified copy as follows:

- If the original is on file with a court, the copy must be certified under court seal and the certification must show whether the will has been probated and that no representative has been appointed.
- If the original is in the possession of one of the applicants, that person must swear to such fact and that the copy furnished is a true and correct copy.
- If the original is in the possession of some other person, that person must swear that the copy submitted is true and correct.

Any original submitted will be returned if requested.

2. EXPENSES AND DEBTS

List the names of any persons providing service to the decedent during the last illness, death, and burial if the total amount of securities and payments in the estate exceeds \$100. Describe the nature of the service, the total amount charged, the amount paid, and whose funds were used to pay the bill. Any unpaid creditor named in the application must consent to the distribution requested. Adjusted Service Bonds or checks issued in connection therewith, or any interest therein, may not be paid to the creditor.

3. INTEREST IN THE ESTATE

List the name, relationship to the decedent, age, address, and telephone number of any surviving relative of the decedent as indicated below:

- 1) Husband or wife **AND**
Children (whether by last or former marriage or by adoption) or children of deceased children
OR, if none in class 1,
- 2) Parents, brothers, sisters, and children of deceased brothers and sisters
OR, if none in class 1 or 2,
- 3) Grandparents, uncles, aunts, and children of deceased uncles and aunts.

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3. INTEREST IN THE ESTATE, continued

Relationships by half-blood and adoption must be clearly indicated in the relationship column. Specify any persons listed who are under a legal disability (minor or incompetent).

Also list any unpaid creditors not listed previously, any executors and legatees named in the decedent's will, and other persons having an interest in the decedent's personal estate.

4. DISPOSITION OF SECURITIES AND PAYMENTS

Show the complete description of each security to be distributed, the par amount of the security, the name of the person receiving the security and the taxpayer identification number of that person. In the case of distribution of payments, disregard the "Description of Securities" column and provide the amounts of the payments to be distributed, along with the names and taxpayer identification numbers of the entitled persons.

5. AUTHORIZATION

You must wait until you are in the presence of an authorized certifying officer to sign this form. The form must be signed in ink by all applicants. The applicants are all persons shown in Item 3 to have an interest in the decedent's estate.

6. CERTIFICATION

Certification of all signatures by a certifying individual is required. Acceptable certifying individuals include authorized employees of insured depository institutions and corporate central credit unions. Brokers must use a medallion stamp. Certification date and address of financial institution or broker is required. **Please note: Certification by a notary public is NOT acceptable.**

Sample certification for a financial institution:

SIGNATURE GUARANTEED
ABC National Bank
Hillview Branch

Authorized Signature

Acceptable certification for a brokerage:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
Generic Brokerage

Authorized Signature

XXXXXXXXXX
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM

SUBMISSION

After you complete and sign the form, submit it, together with the securities and any necessary evidence, to the Bureau of the Public Debt, Marketable Assistance Branch, PO Box 426, Parkersburg, WV 26106-0426. We suggest that you send the securities by registered mail.

The form may be used to support a specific transaction. It will not be accepted to support future transaction requests.

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